

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26128

FILED JUL 31 1957

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 6770

300  
1-56

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital,			Length of stay in lb 2 days.	d. STREET ADDRESS 3707a So. Kingshighway,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edna Middle R. Last Genail				4. DATE OF DEATH Month July Day 19, Year 1957			
5. SEX Female.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 22, 1899		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Czerney,				14. MOTHER'S MAIDEN NAME Rose Wamser,			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-34-4032		17. INFORMANT Address Alex J. Czerney, 3707a So. Kingshighway,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Septicemia; DUE TO (b) - Gangrene of the Left foot DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Septicemia with eye while working at a hardware store at 3577 Calvert St. Louis County Missouri on July 2 1957. E917.01							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter names of injurer in Part I or Part II of item 18.) at a hardware store at 3577 Calvert St. Louis County Missouri on July 2 1957. E917.01					
20c. TIME OF INJURY Hour a. m. p. m. 7.2.57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis County Mo.					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3:40 A.M. _____ m on the _____ stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do not sign) Joseph M. Czerney				22b. ADDRESS 3707a So. Kingshighway		22c. DATE SIGNED 7/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY. New Pickers Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. JUL 20 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249  
2842 Meramec

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.